

What Happened and What's Next in Post-Acute Care

As a year like no other winds down, every industry is undoubtedly reflecting on the lessons learned from 2020 and how they can be applied to next year and beyond.

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What Happened and What's Next in Post-Acute Care

DECEMBER 2020

As a year like no other winds down, every industry is undoubtedly reflecting on the lessons learned from 2020 – and how they can be applied to next year and beyond. The post-acute care (PAC) sector saw some of its most profound challenges this year, from deadly COVID-19 outbreaks in skilled nursing facilities (SNFs) to a suddenly-accelerated need for the services provided by home health and hospice. There were unexpected partnerships, and whatever the setting, there was an urgency to streamline resident and patient care.

So how does 2020 inform PAC planning for the future? With a new wave of novel coronavirus cases across the country (and the world), it's apparent that the pandemic must be factored into the industry's blueprint for at least another year. But there's much more that can shape the future of post-acute care. As [Forcura's](#) Chief Strategy Officer Annie Erstling said at our first [CONNECT Summit](#) in August, "There's a commitment around a common cause: we need to take complexity and find ways to make it simpler."



"There's a commitment around a common cause:

we need to take complexity and find ways to make it simpler."

ANNIE ERSTLING | CHIEF STRATEGY OFFICER



Let's take a brief look at the top takeaways of 2020, then examine in greater detail the issues most likely to shape the post-acute care world going forward.



THE GOAL | to become better prepared and more proactive than ever before – and to strengthen the collective focus on each individual needing care.

The Pandemic Upended Life as We Know It

More than 51 million cases worldwide, 20 percent of them in the U.S.¹ The novel coronavirus has hit with an unrelenting force for nearly a year, and will be a factor in all aspects of our lives going forward. Despite the heroic efforts of healthcare professionals, the industry still receives disparagement for its response to COVID-19...and the criticism has been sharp. JAMDA, the Journal of Post-Acute and Long Term Care Medicine, put it bluntly in a June article, "...perhaps most importantly, we have seen how the COVID-19 crisis has exposed how fundamentally broken our approach to providing care and support to our nation's older adults has become."²

As of this writing, patients continue to die in unprecedented numbers, or are left with debilitating compromise to their health. Countless clinicians are suffering from PTSD and other mental health conditions. Some facilities have not survived, while others are on life support. From woefully inadequate personal protective equipment (PPE) supplies, to overcrowded hospitals forced to refuse or divert patients, to long-term care and assisted living facilities trying to stop the virus from decimating their populations, the outcomes of the pandemic have been overwhelmingly negative and distressing.

1.1 — Pandemic Stats



¹ <https://www.worldometers.info/coronavirus/>

“...perhaps most importantly, we have seen how the COVID-19 crisis has exposed how fundamentally broken our approach to providing care and support to our nation's older adults has become.”

JAMDA | The Journal of Post-Acute and Long Term Care Medicine

But the cautionary tales have led to positive developments; we now recognize that:

- Contingency planning, including worst-case scenarios, is mandatory.
- Consistent, concise and clear communication must be part of every plan.
- Getting the right data to the right people at the right time is essential.
- Accelerated adoption of change, including telehealth and related technologies, can occur successfully.
- Remote workforce operations can enable business continuity, and even growth.
- Providers reliant on single-service line income will remain vulnerable.
- The benefits of collaboration, flexibility and versatility have been demonstrated repeatedly.

Awareness and Respect for Home Care Rose

The public emergence of the home health sector has been perhaps the most timely and positive takeaway from our response to COVID-19. As hospitals and SNFs are diverting patients back to their homes for both complex care and rehab, home health options have unexpectedly entered the spotlight on the leading edge of patient-centric care.

Bruce Greenstein, EVP and chief strategy & innovation officer for [LHC Group, Inc.](#), says that while skilled nursing and assisted living facilities are an essential part of the healthcare system, attitudes towards other patient care options changed quickly as a result of the pandemic.

“COVID-19 accelerated what was already emerging: that home is the safest place to be, it’s where patients want to be, and it’s the most cost-effective place to be. When infection control took us by surprise, it caused utilization management to be rethought at every level of healthcare.”

The public emergence of the home health sector has been perhaps the most timely and positive takeaway from our response to COVID-19.



"The pandemic exposed the true efficiency and cost-effectiveness of the home health, hospice and private duty space. As more people begin to understand what these services can truly provide, there will be a lot of investors wanting to jump on the bandwagon."

ANTHONY P. "TONY" MILLER | COO

As Dr. Jennifer Schneider, then president of [Livongo](#), told our CONNECT Summit audience, the pandemic very quickly put everyone in the same camp – and there's no turning back. "It has tipped the balance regarding the efficiency of care delivery. We have an incredible opportunity to enhance the patient experience, which may have taken three more years if COVID-19 hadn't come along."

The financial community is also taking notice of the value of care in the home. In a recent conversation, Anthony P. "Tony" Miller, COO of [AngMar Medical Holdings, Inc.](#), pointed out, "The pandemic exposed the true efficiency and cost-effectiveness of the home health, hospice and private duty space. As more people begin to understand what these services can truly provide, there will be a lot of investors wanting to jump on the bandwagon."



"[The pandemic] has tipped the balance regarding the efficiency of care delivery. We have an incredible opportunity to enhance the patient experience, which may have taken three more years if COVID-19 hadn't come along."

DR. JENNIFER SCHNEIDER |
FORMER PRESIDENT OF LIVONGO

New Classification/Reimbursement Models Took Hold

Although the novel coronavirus postponed some plans and eliminated other programs, two new classification models from the [Centers for Medicare and Medicaid Services \(CMS\)](#) moved forward in 2020. The [Patient-Driven Payment Model \(PDPM\)](#) for skilled nursing facilities, which became effective on October 1, 2019, assigns residents to payment groups according to their specific data-driven characteristics. By eliminating the therapy group classification incentive, CMS wants PDPM to connect reimbursements more accurately to each patient's unique needs and goals.³

How is it working more than a year into implementation? According to [Skilled Nursing News](#), providers are still not collecting all possible reimbursements. Citing a webinar hosted by operating and consulting firm [HDG](#), the publication reports that "providers have not made use of the depression and restorative nursing categories,..."⁴ It also points to the major decrease in SNF occupancy, increased care at home, and the inability to provide group and concurrent therapy – all pandemic-driven – as complicating factors for facilities navigating the PDPM rules.

The home health care industry began operating under the [Patient-Driven Groupings Model \(PDGM\)](#) on January 1, 2020. PDGM alters the way that CMS reimburses home health agencies (HHAs) for the home health services they provide under Medicare fee-for-service. It changed 60-day episodes of care to 30 days, and eliminated therapy thresholds for case-mix adjustment. Like PDPM, it focuses more on clinical characteristics to match patient needs and payments.⁵

PDGM has indeed increased the home health focus on up-front data capture, and driven a patient mix more closely aligned with each agency's services (such as expert wound care or diabetes management). Bruce Greenstein points out that the [Coronavirus Aid, Relief, and Economic Security \(CARES\)](#) Act certainly took the spotlight off PDGM, and may have helped some providers survive this first year of the new model. Beyond that, the jury is still out. "We just don't know the long-lasting impact of PDGM," he asserts. "But it seems that CMS got most of it right. By expanding the diagnosis codes, it was trying to rebalance, to make every potential patient equally attractive to providers."

Are there other takeaways from 2020 that stand out to you? As Trisha Crissman, VP of Operations and COO at [CommonSpirit](#), emphasized during our CONNECT Summit, "2020 fast-tracked an amazing transformation! It showed us that anything is possible." Now let's explore how we expect those changes to play out next year.

2021: Long-Term Themes are Emerging

Speaking at our CONNECT Summit, [Atrium Health](#) EVP and Chief Strategy and Transformation Officer Dr. Rasu Shrestha envisioned the “Next Normal” with two memorable quotes: “Nothing in life is to be feared, it is only to be understood,” and, “Never let a good crisis go to waste.” Even as COVID-19 follows us into another year, the potential for the post-acute care industry to further evolve has never been greater. As our CEO and Founder, Craig Mandeville, says, “It took a global pandemic to get us to take a step back and figure out how to optimize this industry. We’re reimagining how we can do more, especially in providing care at home.”



Important initiatives will continue to make headway, while others will gain new recognition both within and outside the post-acute care industry. As we look ahead, here are the issues that we expect to take center stage in 2021:

1. Interoperability of technology

4. Provider diversification

2. Patient centricity

5. Healthcare equity

3. Influence of reimbursement / payment models

It is difficult to narrow our list to five, but there is plenty to say about what is known – and still unknown – about how each will affect post-acute care.

“Never let a good crisis go to waste.”

RASU SHRESTHA | EVP AND CHIEF
STRATEGY AND TRANSFORMATION OFFICER



Atrium Health



1

Interoperability: The Industry Inches Closer to a Lofty Goal

In its guide to “Interoperability in Healthcare,” [HIMSS](#) defines interoperability as “the ability of different information systems, devices and applications (systems) to access, exchange, integrate and cooperatively use data in a coordinated manner, within and across organizational, regional and national boundaries, to provide timely and seamless portability of information and optimize the health of individuals and populations globally.”⁶ Sounds like a big ask, right? But many individuals and organizations have worked tirelessly for years to create a technological foundation that will make care transitions safer and more holistic. They’ve made incredible progress...with patients and PAC providers beginning to reap the benefits of increased data sharing.

Many individuals and organizations have worked tirelessly for years to create a technological foundation that will make care transitions safer and more holistic. They’ve made incredible progress with patients and PAC providers beginning to reap the benefits of increased data sharing.

As Annie Erstling told our CONNECT Summit audience, “More than 45 percent of hospital patients are discharged to a post-acute care setting. These patients are more complex and require coordination among numerous providers.” She introduced the [PACIO Project](#), where volunteers from government and industry are collaborating to increase interoperability between PAC, other providers, patients, and principal healthcare stakeholders. The project addresses the major gaps in health information exchange during transitions of care. PACIO representative David Hill, a principal engineer at MITRE, laid out the project’s goal: to create a framework (and industry support) for the development of [Fast Healthcare Interoperability Resources \(FHIR®\)](#), a standard for exchanging healthcare information electronically published by [HL7®](#). In partnership with the Office of the National Coordinator for Health Information Technology (ONC), CMS has identified HL7 FHIR Release 4.0.1 as the foundational standard to support data exchange via secure application programming interfaces (APIs).



MITRE

"74 billion dollars is spent on post-acute care annually, and as patients move from one setting to another, there are plenty of opportunities for information to get dropped along the way."

DAVID HILL | PRINCIPAL ENGINEER, MITRE
AND PACIO WORKGROUP CO-FOUNDER

David explained that interoperability would simplify the very complex post-acute patient story.

"74 billion dollars is spent on post-acute care annually, and as patients move from one setting to another, there are plenty of opportunities for information to get dropped along the way." How does that happen?

-
- **Poor communication between care providers** including dangerous medication discrepancies or the collection of redundant information
-
- **Reliance on patient recall** which could be unreliable or sought during stressful (or medically inappropriate) times for individuals and families
-

These often lead to hospital readmission, further compromising patients and increasing their costs. Plus, providers assume additional financial and administrative burdens when they must locate, reconcile and coordinate information. Since it requires PAC providers to submit clinical and administrative assessments at specific intervals, CMS has created the Data Element Library (DEL). This repository of standardized questions and responses increases reporting consistency, something David calls the "foundation of starting to build interoperability."

Without getting too far down into the “weeds,” David showed us how provider-to-provider information exchange can be improved. The PACIO system use case integrated multiple implementation guides from very different independent organizations. It produced health information in a more accessible and consumable format, not only for the providers, but for the patients, their families and caregivers as well. Going one step further, the collected data can be used for trend analysis, and in meeting quality measure thresholds.

Also on the horizon next year, the CMS [Interoperability and Patient Access](#) final rule is an effort to give patients access to their healthcare data when and where they need it. The rule sets out new policies geared towards increased interoperability, some of which will be applicable in 2021 including:

- Patient Access and Provider Directory APIs
- Payer-to-Payer Data Exchange
- Federal-State Data Exchanges for Dually Eligible Individuals
- Public Reporting and Information Blocking
- Digital Contact Information
- Admission, Discharge, and Transfer Event Notifications⁷



How do you prepare for interoperability in the context of continuity of care? Now is the best time to take stock of your readiness for 2021, and that includes your technology. As [CommonWell Health Alliance](#) Executive Director Paul Wilder said at our CONNECT Summit, “Investing in interoperable systems provides a big bang for the buck. It makes you more efficient, more accurate and able to provide better patient care. We need to make it easier for each patient to see their whole story. There’s no doubt that an investment in interoperability pays for itself.”

Summit panelist Meredith Mull, EVP of Population Health Management for [QRM-C](#), summed it up perfectly: “Interoperability is the most challenging aspect of our work, but the most important piece to affecting positive outcomes.”

“Interoperability is the most challenging aspect of our work, but the most important piece to affecting positive outcomes.”

MEREDITH MULL | EVP OF POPULATION
HEALTH MANAGEMENT



Quality Rehab
Management
CONTINUUM



2

Healthcare will be Increasingly Built Around the Consumer

Service providers talk about the “user experience” and now users are finally seeking better care experiences. People are becoming savvier and more demanding about their healthcare in the same way they have done so in consuming other services. We see octogenarians doing physical therapy on Zoom, and young people remotely monitoring their diabetes. While technology is certainly a component of the move towards patient centricity, it is a tool that enables or enhances care delivery. Speaking at our CONNECT Summit, [Medically Home](#) CMO Dr. Pippa Shulman said, “Technology is not an either/or proposition. Hospitals are the right setting for certain care needs. But our goal should be to provide the best care for patients in the safest, most appropriate place for them. It’s time for us to get back to some real, old-fashioned, high-quality medicine.

“What’s empowering consumers to demand care that they can better control? The accessibility of the right data, both their own healthcare information and analyses of trends, is educating patients about what to ask, and how to partner with their healthcare providers. They’ve also witnessed family members or friends struggling with care in a setting that may have not been appropriate. Patients want each step of their healthcare journey to make the most sense for them, and fit into their lifestyles as much as possible.

Of course, patients are up against the economics of healthcare, as well as politics. Post-acute care has not yet benefited from the reforms enjoyed by other parts of the healthcare continuum. The silver lining (if you can call it that) of the pandemic: PAC gained major awareness from consumers, government and the financial sector. Patients saw what is possible when they are treated outside a hospital, and now want to have that choice going forward.

Think about it. If you put the patient at the center, and surround them with shared data and interconnected options, that individual's healthcare story has the best chance for success. Everyone else plays a role in their story, from a primary care physician to a specialist to a physical therapist or a home health aide. The settings and supporting players will need to change over time, for some individuals more than others, but the changes will be driven by the patient, not the organizations providing care.

Post-acute care is poised for the shift to patient centricity. As Craig Mandeville points out, "2020 has shown us that we can do so much more to put the patient in charge of their health. That means caring for each patient at the right level of acuity in their location of choice."


If patients are chomping at the bit to be the center of their own healthcare universe, then how do we get the industry stakeholders on board? Speaking recently on [HealthIMPACT Live](#) Presents, Dr. Stephen Klasko, president and CEO of [Thomas Jefferson University](#) and Jefferson Health, said we're in a time when healthcare must become "creative, flexible, passionate and nimble." He believes this will be the new world order, as well as the new currency, for all types of healthcare entities post-COVID. Dr. Klasko put it bluntly, "The key is recognizing that a certain part of your consumers are mad as hell and not going to take it anymore from a sick care-centric, hospital-centric, insurance-centric, corporate centric mentality."⁸



**Medically
Home**

"Our goal should be to provide the best care for patients in the safest, most appropriate place for them. It's time for us to get back to some real, old-fashioned, high-quality medicine."

PIPPA SHULMAN | CMO



Some believe that in certain aspects, both acute care and post-acute care providers are prepared for patient-centric care delivery and more complex care at home. But according to [Corridor](#) Vice President of Revenue Management Services Beth Prince, PAC is generally not yet prepared in terms of skilled staffing. "Upskilling is necessary for the hospital-at-home model to succeed. If PAC providers don't have the ability to offer the required care, they're going to lose the business. COVID has forced consumers and providers to embrace true post-acute care."

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BETH PRINCE | VP OF REVENUE
MANAGEMENT SERVICES



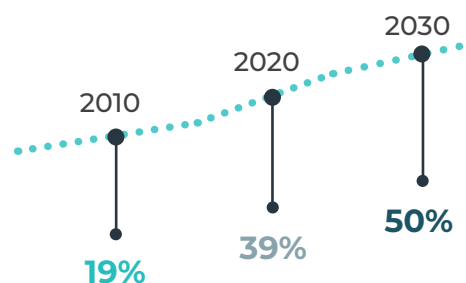


3

Payment Models and Reimbursement Plans Remain in Play

The post-acute care industry will continue to be shaped by regulatory and financial forces. From these perspectives, what should your business do now to be at your competitive best in 2021? Watch for the extension of CMS waivers and temporary rules set forth in response to the pandemic. Right now, the [COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers](#) are in place through the end of the public health emergency declaration. This includes temporary emergency coverage of SNF services without a qualifying hospital stay, and waiving the 30-day OASIS submission requirement for home health agencies. HHAs may also continue to perform Medicare-covered initial assessments and determine patients' homebound status remotely or by record review.⁹ It appears the majority of the changes put in place this year will become permanent in 2021.

Craig Mandeville and Annie Erstling both anticipate continued changes in reimbursement and payment models, aimed at driving value to the system. The proliferation of Medicare Advantage (MA) plans will be top-of-mind in 2021. Consumers will choose from among 4,800 such plans, which provide a private option for Medicare Part A and Part B coverage and a range of supplemental benefits. Patients trade off lower costs with limits on participating providers and service areas.¹⁰ MA market penetration has grown from 19 percent to 2010 to 39 percent now, and is expected to hit 50 percent in 10 years, according to Beth Prince.



1.2 — MA Market Penetration

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— BETH PRINCE

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Besides significant growth in adoption, MA plans are increasing the number of supplemental benefits not offered in original Medicare. According to [Fierce Healthcare](#), an analysis by consulting firm [Avalere](#) finds that one-third of MA plans will offer new pandemic-related supplemental benefits next year, and 94 percent of them will provide telehealth benefits for Medicare Part B covered services.¹¹

While a boon for consumers, the supplemental benefits offered by Medicare Advantage plans will continue to influence the interaction between post-acute providers and payers. [Home Health Care News](#) reports that 430 of the 738 plans in the primarily health-related MA pathway next year are offering services that typically fall under a home care agency's core business mix, versus 223 such plans in 2020.¹² This will accelerate the need for PAC providers to be more data driven as they enter into value-based contracts. As Forcura's Director of Communications and Brand Strategy Kate Warnock explains, "Payers are going to help close that gap for patients, so they no longer 'fall off the cliff' when care transitions occur."

There were multiple opportunities for PAC providers to receive financial relief this year...but with consequences for 2021. CMS expanded its [Accelerated and Advance Payment \(AAP\) Programs](#) to help with cash flow, loaning \$106 billion to Medicare-participating healthcare providers and suppliers through the end of April. More than 45,000 applications were approved.¹³ There was also the \$175 billion [CARES Act Provider Relief Fund \(PRF\)](#), available to “any provider of healthcare, services, and support in a medical setting, at home, or in the community...” and included providers who do not bill for Medicare and Medicaid. These distributions do not have to be repaid.¹⁴

Here’s the catch: in early October, the Department of Health and Human Services told providers they cannot use the PRF funds they received to repay their AAP loans. Repayment is expected one year from the issuance date of each provider or supplier’s accelerated or advance payment.¹⁵ Although patient volumes and admissions are on the rise, Beth Prince says she’s concerned about the PAC providers who took the accelerated payments. “Many are going into 2021 with financial scars. The largest financial impacts were shouldered by single-line service providers. While post-acute providers are better prepared than they were at the beginning of 2020, the new year will not be easy for some of them faced with these repayments.”

Given all these changes and uncertainties, thorough revenue cycle management will be more important than ever in 2021. Beth Prince says PAC providers should take the time now to do a complete review, aiming for “clean and collectible:”

- Is your payment system 100 percent in sync with your contracts?
- Are your workflows optimized, to reduce reimbursement delays?
- Have you cleaned up your uncollectible accounts receivable?
- Do you have the right software to help you manage tighter margins and staffing issues?

By being proactive, fully understanding the impacts of payment models (like unified payments), learning from the lessons of acute care payment reform, and choosing the right partners, PAC providers should be able to more confidently control their bottom lines in the coming year.

"Many are going into 2021 with financial scars... While post-acute providers are better prepared than they were at the beginning of 2020, the new year will not be easy for some of them faced with these repayments."

BETH PRINCE | CORRIDOR

 corridor

4 New Business Models are Not Your Parents' PAC


We've already looked at changing care and payment models. However, PAC companies themselves also are beginning to explore new options for their business operations. Post-acute care is being asked to deliver better patient outcomes and greater value – and it's time to respond. Driven in part by the explosion of home-based health care services from legacy players and new entrants, PAC organizations will be scrambling to retain as much patient share as possible. By diversifying, providers can reduce the vulnerability experienced by

single service line agencies. While post-acute care is still in the early stages of "blurring the lines," Bruce Greenstein sees promise in the concept – and that it's happening from both sides. "You have large insurers that have become providers or large providers that are becoming insurers. You have the longest standing example of Kaiser Permanente. And then you have the other side, like Humana and UnitedHealthcare continuing to acquire provider-based assets and moving to become care managers in population health."

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BRUCE GREENSTEIN | EVP & CHIEF
STRATEGY & INNOVATION OFFICER



On the left side of the page, there are several overlapping teal-colored geometric shapes, including triangles and polygons, creating a modern, abstract design.

Post-acute care is being asked to deliver better patient outcomes and greater value – and it's time to respond.

Many are touting the growth opportunities for hospital and health systems when they partner with post-acute care providers. But let's look at the benefits from the PAC point of view. As Dr. Shrestha implored us at Summit, "Disrupt the status quo!" For the industry to engage/re-engage consumers, rebuild confidence and capture demand, he believes the time is right to catalyze valuable, non-traditional alliances. This means embracing entities from throughout the care continuum, to "transform the consumer experience."

During one of our Summit roundtable discussions, Bill Dombi, president of the [National Association for Home Care and Hospice](#) (NAHC) urged PAC providers to expand the breadth and depth of their services. He called for "better integration between health systems and home care," and believes that it's up to the home health community in particular to grab this opportunity. "As an industry, it has fast-tracked an amazing transformation. It's leaner and more productive, has better communications and a greater tolerance for the unknown, is more technologically astute, and is looking at a population beyond the elderly."

On the same Summit panel, [Homecare Homebase](#) President Scott Decker pointed out, “It’s a Medicare world, so we have to better manage a diverse set of new partners. With patients wanting more comprehensive care, no one can be as siloed as in the past.” Noting that 25 percent of SNF residents could be treated at home, he sees a growing effort to switch the view of home care away from short-term post-acute care. “We need to build a model that starts with care from home and expands from that.”

Craig Mandeville predicts more growth and realignment in post-acute care, and not just among the largest providers. With the expansion of the private duty market, and anticipated action on Capitol Hill, he expects to see care – and risk – spread more frequently across service lines.



“We need to build a model that starts with care from home and expands from that.”

SCOTT DECKER | PRESIDENT

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5 Healthcare for All Remains Elusive

COVID-19 has revealed some harsh realities about the ongoing effects of structural inequity...to no one's surprise. Kicking off our CONNECT Summit, [CulturaLink](#) Founder Yolanda Robles put the issue of healthcare equity in grim perspective, "By the end of August, half of those who had died from COVID-19 were people of color: blacks, Hispanics, Native Americans and Asian Americans. It has become our 'Katrina moment.' The pandemic has shown a bright light on much of what we know about health disparities in the U.S. but have failed to consistently address. Now it's time to talk about reducing the disproportionate burden of COVID-19 as well as improving the health of all people in our country."

With one in five Americans speaking a language other than English at home, Yolanda pointed to how profound healthcare inequity has become, long before the novel coronavirus hit. "Because of systemic racism, more people of color are likely to have lower incomes, shared living, poor diets, higher rates of chronic conditions, and no insurance. Many also live farther from hospitals, and struggle to communicate with healthcare providers, placing them at a disadvantage whenever they need care." And racism isn't the only driver of healthcare inequity; discrimination due to gender, disability, education, income, sexual orientation and even geographic location also factor into this epidemic.



CulturaLink
connecting cultures. improving healthcare.

"The pandemic has shown a bright light on much of what we know about health disparities in the U.S. but have failed to consistently address."

YOLANDA ROBLES | FOUNDER

Writing in [*Harvard Medicine*](#), Elizabeth Gehrman points to the wealth gap, along with social determinants from housing to education to incarceration, as contributors to an always uneven playing field. “For a healthy society, experts agree, everyone needs better access to quality education and to economic security. People need living wages and health care that’s not linked to employment. They need better representation in the U.S. government and policy changes on a variety of issues. And finally, the wealth gap between white people and people of color in the United States needs to be closed.”¹⁶

Craig Mandeville concurs, saying, “There’s no miracle cure for inequity. It has to be addressed in every aspect of PAC going forward. We still have a lot to learn and many adjustments to make. We must figure out a way to serve the whole community in a better way.”



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CRAIG MANDEVILLE | FOUNDER & CEO



Some steps towards equity are occurring. Research led by [Oregon Health & Science University](#) shows that a new national care program for hip and knee joint replacements seems to reduce health outcome disparities for Black patients. The [CMS Comprehensive Care for Joint Replacement model](#) is a bundled payment model designed to reduce spending and improve outcomes for all joint replacement patients. “Although Black patients were discharged to institutional post-acute care more than white patients, the gap narrowed under the new bundled payment model. Readmission risk decreased about 3 percentage points for Black patients under the new model, and stayed roughly the same for Hispanic and white patients.”¹⁷

What can all of us do in 2021 to accelerate progress in moving our healthcare system from inequity to a balanced system for all? Yolanda Robles suggests taking a pledge to:

- Increase collection and use of race, ethnicity, language preference and other socio-demographic data
- Increase cultural competency and diversity training
- Increase diversity in leadership and governance, providing a seat at the table
- Improve and strengthen community partnerships

We can bring forth REAL change by allocating resources, dollars and people, and having the support of leadership.

“We can bring forth REAL change by allocating resources, dollars and people, and having the support of leadership.”

YOLANDA ROBLES | FOUNDER

CulturaLink
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Look Ahead with Hope, Commitment

In our recent conversation, Beth Prince left us with some important insight, “The world is our oyster right now. This year was a much needed boost in the morale and the recognition of the post-acute care industry.”

When we revisit the years 2020 and 2021 in the future, we’re counting on seeing more positive lessons than negative ones for PAC. Annie Erstling affirms that thanks to government incentives aimed at moving the market, there’s “payer/provider/patient alignment” for the first time in this segment. Craig Mandeville anticipates that the desire to be treated at home will drive a massive amount of innovation, with new entrepreneurs, investors and amazing technology. Craig opened the [CONNECT Summit](#) with the words, “Get ready to be inspired, challenged and to think bigger.” This is precisely the call to action we all need as we close the books on this year and head confidently into the next.

Act Now on the Momentum

Forcura is committed to empowering better patient care and is driven to become the standard communications platform for the post-acute healthcare industry. We believe that curating diverse perspectives of trusted advisors from across the continuum of care will motivate our clients, partners, and all stakeholders to harness the positive momentum this year has generated - and make healthcare better for all. For more information on how Forcura can better connect your business, contact us at <https://www.forcura.com/contact>.

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¹ <https://www.worldometers.info/coronavirus/>

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